



Generic vs. Brand Status on Maryland's Preferred Drug List July 1, 2018

Not All Generics are Preferred

In order for the State to enhance the benefit of the PDL, in some instances the multisource brand name drug is Preferred over its generic equivalent, because the branded drug is less costly than its generic counterpart. This happens most often in cases of newly released generics. When manufacturer rebates are taken into consideration, the brand name drug has a lower net cost to the State. When the brand name drug is Preferred, no Medwatch nor authorization is needed¹. Pharmacy providers must enter a **DAW code of 6** on the claim to have it correctly priced. If any problems are encountered during the on-line claim adjudication of Preferred Brands, pharmacy providers must contact the State's pharmacy claims processor 24-hour Help Desk at 800-932-3918 for additional system overrides related to the use of the correct DAW code (For example, when there is other insurance).

Therapeutic Class	Preferred BRAND	Non-Preferred GENERIC
Acne Agents, Topical	Differin Cream (Topical)	adapalene cream (topical)
Androgenic Agents	Androgel (Topical Packets and Pump)	testosterone gel (topical packets and pump)
Antibiotics, Inhaled	Kitabis Pak (Inhalation)	tobramycin pak (inhalation)
Anticonvulsants	Diastat (Rectal)	diazepam (rectal)
Anticonvulsants	Gabitril Tablet (Oral)	tiagabine tablet (oral)
Anticonvulsants	Sabril Powder Packet ³	vigabatrin powder packet
Anticonvulsants	Tegretol Suspension (Oral)	carbamazepine suspension (oral)
Anticonvulsants	Trileptal Suspension (Oral) ²	oxcarbazepine suspension (oral) ²
Antidepressants, Other	Parnate Tablet (Oral)	tranylcypromine sulfate tablet (oral)
Antihypertensives, Sympatholytics	Catapres-TTS (Transderm)	clonidine (transderm)
Antivirals, Oral	Tamiflu (Capsules and Suspension) ²	oseltamivir (capsules and suspension) ²
Glucocorticoids, Inhaled	Pulmicort Respules (Inhalation)	budesonide inhalation suspension
Immunosuppressives, Oral	Cellcept Suspension (Oral)	mycophenolate mofetil suspension (oral)
Multiple Sclerosis Agents	Copaxone 20 mg/ml (Subcutaneous)	glatiramer 20 mg/ml (subcutaneous)
Ophthalmics, Glaucoma Agents	Alphagan P 0.15%(Ophthalmic)	brimonidine P 0.15% (ophthalmic)
Opioid Use Disorder Treatments	Suboxone Film ²	buprenorphine/naloxone film ²
Proton Pump Inhibitors	Prevacid Solutabs ODT	lansoprazole ODT

Stimulants and Related Agents
Stimulants and Related Agents
Stimulants and Related Agents
Stimulants and Related Agents
Stimulants and Related Agents

Adderall XR Capsule (Oral)
Focalin Tablet (Oral)
Focalin XR Capsule (Oral)
Kapvay ER Tablet (Oral)
Methylin Solution (Oral)

amphetamine salt combo ER capsule (oral)
dexamethylphenidate tablet (oral)
dexamethylphenidate XR capsule (oral)
clonidine ER tablet (oral)
methylphenidate solution (oral)

¹ Unless the Program has established clinical criteria for the drug. Clinical Criteria can be found by going to the below link:
<https://mmcp.health.maryland.gov/pap/pages/Clinical-Criteria.aspx>.

² Both brand and generic preferred

³ Is a non-preferred drug and will require a prior authorization by the prescriber